

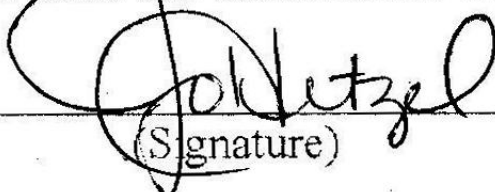
STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| | | |
|--|--|---|
| 1. TITLE OF NEWSPAPER The Dakota Herald | | 2. DATE 11-1-13 |
| 3. FREQUENCY OF ISSUE Weekly | 3A. NO. OF ISSUES PUBLISHED ANNUALLY 52 | 3B. ANNUAL SUBSCRIPTION PRICE \$ 45.00 |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 207; Lemmon, SD 57638-0207 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 207; Lemmon, SD 57638-0207 | | |
| 6. FULL NAME OF PUBLISHER: LaQuita Shockley | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME LaQuita Shockley</div> <div style="width: 45%;">COMPLETE MAILING ADDRESS P.O. Box 207; Lemmon, SD 57638-0207</div> </div> | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None | | |
| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run) | 1000 | 1000 |
| B. PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors and counter sales. | 148 | 155 |
| 2. Mail Subscription (Paid and or requested) | 797 | 815 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 945 | 970 |
| D. FREE DISTRIBUTION | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 23 | 20 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 969 | 990 |
| F. COPIES NOT DISTRIBUTED | | |
| 1. Office use, left over, unaccounted, spoiled after printing | 31 | 10 |
| 2. Return from News Agents | | |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A) | 1000 | 1000 |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:



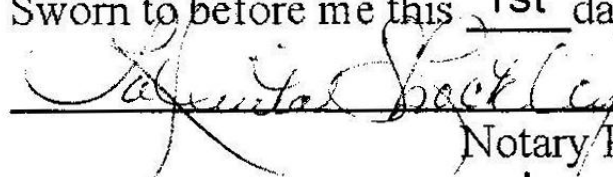
 (Signature)

Business Manager

 (Title)

State of South Dakota)
 §
 County of Perkins)

 (Seal)

Sworn to before me this 1st day of November, 2013


 Notary Public
 My commission expires: June 17, 2019